

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Gerald Brice DBA

G & C

Chuck Town Transit

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET  
NUMBER: 2009 - 465 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Gerald Brice

Telephone:

OCT 27 2009

Address: 4747 Lambs Rd Apt 15H

Fax:

Charleston SC. 29418 - 3510

Other:

Email:

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☒ Application - Class C Taxi

☐ Application - Class C Charter

☐ Application - Class C Charter Bus

☐ Application - Class C Non-Emergency

☐ Application - Class C Stretcher Van

☐ Application - Class E Household Goods

☐ Application - Class E Hazardous Waste

☐ Application

☐ Request for Extension to Comply with Order

☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☐ Request for Cancellation of Certificate

☐ Request for Suspension

☐ Request for Reinstatement

☐ Request for Name Change on Certificate

☐ Request to Amend Scope of Authority

☐ Request to Amend Tariff (rate increase, etc.)

☐ Request to Amend Passenger Limit

☒ Request

☐ Exhibit

☐ Late-Filed Exhibit

☐ Letter

☐ Proposed Order

☐ Publisher's Affidavit

☐ Reservation Letter

☐ Response

☐ Return to Petition

☐ Other:

RECEIVED  
OCT 28 2009  
PSC SC  
DOCKETING DEPT.

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

RECEIVED

OCT 27 2009

Date: \_\_\_\_\_

Taxi  
CLASS C - ~~CHARTER~~

ORS  
T,T,W,W,W

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Gerald Brice DBA

G&C Chuck Town Transit

Street Address of Applicant

4747 Lamps Rd Apt 15H

Mailing Address of Applicant if different from street address

N/A

Phone

Fax

843 642 0779

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

005

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

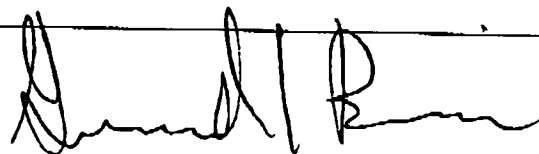
## BALANCE SHEET

Balance at Time Application is Filed:

Month \_\_\_\_\_ Year \_\_\_\_\_

**Assets:**

Cash	None	
Receivables	None	
Real Estate	None	
Buildings and Equipment (Net)	None	
Motor Vehicles (Net)	\$5,000 <sup>00</sup>	
Garage Equipment (Net)	None	
Machinery and Tools (Net)	None	
Supplies on Hand	None	
Prepays and Other Assets	None	
<b>Total Assets</b>	\$5,000 <sup>00</sup>	
<b><u>Liabilities and Equity:</u></b>		
Accounts Payable	None	
Notes Payable	None	
Mortgages Payable	None	
Equipment Obligations	None	
Accrued Salaries and Wages	None	
Other Accrued Obligations	None	
Other Liabilities	None	
<b>Total Liabilities</b>	None	
Bill \$1500 <sup>00</sup> inc.		
Capital Stock		
Retained Earnings		
<b>Total Equity</b>		
<b>Total Liabilities and Equity</b>		



## PROPOSED RATES AND CHARGES FOR SERVICE

### Maximum Proposed Rates and Charges for Service are as follows:

3.00 drop 200 mi,  
my will be set at \$300 sit down  
and 200 mi

### Counties to be Served:

charleston and Dorchester  
Counties I will be serving

### Maximum Number of Passengers per Vehicle:

1 to 12 I to be able to pick up  
1 to 12 passengers my Next  
Vehicle will be a Van For  
Pickup more people

## DESCRIPTION OF EQUIPMENT

[illegible]

## INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The following insurance quote is for:

Venture Gerald Price

Name of Motor Carrier

207 EAST MAIN ST 4747 Lumbos

Address of Motor Carrier

**Amount of Premium:**

**Limits Quoted: (See Below)**

Liability Insurance \$ \_\_\_\_\_

Limits \_\_\_\_\_

The above quoted premium is for a term of \_\_\_\_\_ months.

**Minimum Limits - Intrastate Only:**

1-7 Passengers	\$ 25,000/50,000/25,000
8-15 Passengers	\$ 25,000/100,000/25,000

*See attached*

\_\_\_\_\_  
Name of Insurance Company

\_\_\_\_\_  
Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

**Exhibit FWA**

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Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

### **Exhibit on Driver Qualifications**

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes

☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes

☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes

☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Charter Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes

☐ No

5. Applicant understands that all Class C Charter Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes

☐ No




PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA )

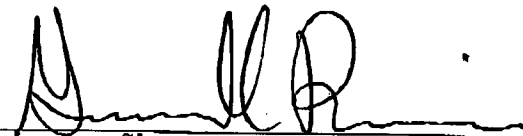
COUNTY OF )

Charleston

  
Applicant's Signature

I, Gerald Brice, Owner / Operator  
Name of Applicant's Representative Title  
of Gerald Brice d/b/a G & C Chucktown Transp.  
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

  
Signature of Applicant's Representative

SWORN TO BEFORE ME

This 26<sup>th</sup> day of October, 2009



Sharon M. Wray  
Notary Public of South Carolina  
My Commission Expires: 10-27-2015

Notary Public

Commission Expires 10-27-2015


**Venture**  
 SPECIALTY INSURANCE

 207 East Main Street  
 Richmond, VA 23219  
 Voice - 804-521-2993  
 Fax - 804-288-9886

## Commercial Auto Insurance Quote

Thank you for calling Venture Specialty Insurance for your insurance needs. We are pleased to offer you the following quote based on the information you provided to us:

<b>Insured:</b>	Gerald Brice
<b>Policy Term:</b>	11/7/2009 to 11/7/2010
<b>Coverage type:</b>	Commercial Automobile Liability
<b>Coverage amounts for liability:</b>	Liability-\$25,000/\$50,000/\$25,000 UM BI/PD Split Limits \$25,000 / \$50,000/\$25,000
<b>Physical Damage (Comp &amp; Collision) Coverage:</b>	None
<b>Number of vehicles quoted:</b>	1 unit
<b>Premium per vehicle:</b>	\$2,514.00
<b>USARM Loss Control Fee</b>	\$100.00
<b>Policy Fee:</b>	\$50.00
<b>Carrier:</b>	Southern United Fire Insurance Company
<b>Subject to:</b>	<p>Minimum earned of \$250.00</p> <p>Must provide a copy of Vehicle(s) Registrations</p> <p>Vehicles 10 years or older may be subject to favorable mechanic statement, and a photo of the car must be provided</p> <p>Drivers Not needing an SR-22 Filing.</p> <p>All MVRs must comply with Driver Criteria Guidelines</p> <p>MVRs must be sent prior to binding</p> <p><u>All new potential drivers must be approved by Southern United General Insurance Company prior to operating any insured vehicle</u></p> <p>All drivers over 70 years old are subject to favorable physician statement</p> <p>All vehicles must be pre-scheduled, no automatic coverage is afforded</p>
<b>Administrative Fee Schedule:</b>	<p>Pursuant to Section 38.2-1612.2 of the Code of Virginia, Venture Specialty Insurance, LLC may charge and administrative or service fee. Our fees are:</p> <ol style="list-style-type: none"> <li>1. Policy Set Up Fee - \$50.00 per policy</li> <li>2. DMV Record - \$10.00 per record</li> <li>3. Property Photograph - \$25.00 flat fee</li> <li>4. Returned Check - \$25.00 first offense, \$75 second offense</li> </ol>
<b>Total premium for package:</b>	\$2,664.00

By signing below, you acknowledge this quote and the conditions that are subject to this rate provided.

By: \_\_\_\_\_ (Insured Signature) \_\_\_\_\_ (Printed Name) Date: \_\_\_\_\_

By: \_\_\_\_\_ (Agent Signature) Name: \_\_\_\_\_ (Printed Name) Date: \_\_\_\_\_

## 5Star Specialty Programs - Public Auto

Formerly known as BiSYS Specialty Programs

158 N. Harbor City Boulevard



Melbourne, FL 32935-

Phone: (321) 757-6190

Fax: (321) 757-6147

October 26, 2009

### Quotation

Page 1 of 2

Broker: Venture Specialty Insurance

Phone: 804-521-2993

Fax: 804-288-9686

APP Number: APP3856131

Applicant Name: Gerald Brice

Attention: Kyle Bowles

From: Susan Moreland - 321-421-6792

Email: susan.moreland@5starSP.com

Expiring Policy Number: New

Quotation Expires: 30 Days

Policy Term: 10/30/2009 to 10/30/2010

Please review the following coverage(s) offered. Coverages may differ from those requested on the application/submission. Quote is based on the information submitted and is subject to change.

Business Description: Taxicab Operation

Limit	Coverage	Symbols	Amount
25,000	Split Limit Liability	70 Taxi	
50,000			
25,000			
25,000	UM BI/PI Split	70	
50,000			
25,000			

Total Business Automobile premium quoted with Southern United Fire Ins Co (Rated BV) at 10% Commission: \$2,514.00

Five Star Specialty Programs does not guarantee, nor make representations in regard to, and expressly disclaims responsibility for, the financial condition of insurers with which we place business.

This quotation is subject to the following terms and conditions:

Copies of completed, signed and dated Accord 125; state specific Accord 137 (8/07); LM/UM Accord 61 (8/07)

NOTE: FEES AND/OR TAXES MUST BE PAID IN FULL, UP FRONT. IF THE RISK REQUIRES FILING, YOU MUST CONFIRM REQUEST FOR SPECIFIC FILING IN WRITING AT TIME OF BINDING. A COPY OF THE INSURED'S OPERATING AUTHORITY MUST BE INCLUDED WITH YOUR REQUEST

WE ARE REQUIRED TO SECURE MVRS ON ALL DRIVERS PRIOR TO BINDING COVERAGE. A COPY OF THE COMPANY MVR GUIDELINES ARE ATTACHED. PLEASE REVIEW WITH THE INSURED PRIOR TO BINDING. PLEASE NOTE: ALL DRIVERS MUST MEET THESE REQUIREMENTS OR COVERAGE CANNOT BE BOUND

THIS BINDER IS A SUMMATION OF THE LIMITS, TERM, COVERAGES AND CONDITIONS, ALL OF WHICH ARE SUPERSEDED BY THE ACTUAL POLICY WHEN ISSUED.

TELEPHONE REQUESTS TO BIND CANNOT BE ACCEPTED. TO BIND COVERAGE, FORWARD A WRITTEN OR FAX REQUEST ONLY. BE SURE TO INCLUDE ALL DOCUMENTATION REQUIRED TO BIND AS OUTLINED IN THE QUOTE.

Terrorism coverage is specifically EXCLUDED.

AT TIME OF BINDING THE FOLLOWING IS REQUIRED:

Copies of completed, signed and dated Accord 125; state specific Accord 137 applications and applicable UM and/or PIP selection forms

Complete Drivers' list

Acceptable current MVRS on all drivers and owners (no more than 60 days old)

Complete Vehicle Identification Numbers for all vehicles

Select payment plan option 20% down and 10 installments or Advise if Premium Finance or Paid in full

The Following Terms Apply

- All new replacement drivers must be pre-approved prior to operating insured's units. Please submit driver request with a current MVR
- No automatic coverage is afforded under policy for new and/or replacement vehicles. All vehicle changes must be reported to the company to be effective
- In the event the policy is cancelled there is a \$50.00 Reinstatement Fee that is due prior to reinstating the policy.
- There is a charge of \$50. for each Additional Insured.
- Copy of All Certificates of Insurance issued for the Insured

WITHIN 30 DAYS OF BINDING WE REQUIRE THE FOLLOWING:

Favorable Motor Vehicle Inspection Report(s) and front, back and side photos on all vehicles age 10 years and older

Signed and dated Drivers Certification Form

Copy of all vehicle registrations

207 East Main Street Richmond, Virginia 23219  
Phone (804) 521-2993 Fax: (804) 268-3886  
Email: [kbowles@venturesi.com](mailto:kbowles@venturesi.com) Web: [www.venturesi.com](http://www.venturesi.com)

November 5, 2009

Dear Mr. Brice,

Please find the binding documents for your Commercial Auto insurance policy in this fax. We are very excited about saving you money on your Commercial Auto Insurance as well as thankful for the opportunity to work with you.

I have clearly labeled any spot that requires a signature with a "sign here" stamp. We ask that you mail us all original signed paperwork back to the following address:

Venture Specialty Insurance LLC  
207 East Main Street  
Richmond, VA 23219

Your Down Payment is as follows:

20% of Premium (\$2,514.00) -\$502.80

USARM Loss Control Fee -\$100.00

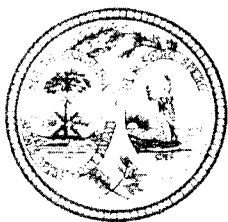
Policy Fee- -\$50.00

TOTAL DOWN PAYMENT -\$652.80

Your remaining balance will consist of ten monthly payments of \$201.12.

Call me if you have any questions at all and we look forward to working with your company and providing you with excellent service.

Safe Travels and Much Thanks, Kyle



***The Public Service Commission  
State of South Carolina***

Charles L.A. Terreni  
Chief Clerk/Administrator  
Phone: (803) 896-5133  
Fax: (803) 896-5246

COMMISSIONERS  
Elizabeth B. "Lib" Fleming, Fourth District  
*Chairman*  
John E. "Butch" Howard, First District  
*Vice Chairman*  
David A. Wright, Second District  
Randy Mitchell, Third District  
G. O'Neal Hamilton, Fifth District  
*vacant*, Sixth District  
Swain E. Whitfield, At-Large

Docketing Department  
Jocelyn G. Boyd, Deputy Clerk  
Phone: (803) 896-5114  
Fax: (803) 896-5199

November 2, 2009

TO: Gerald Brice d/b/a G&C Chuck Town Transit  
4747 Lambs Road, Apt. 15H  
Charleston, SC 29418

FROM: Tricia DeSanty, Docketing Department

**YOUR APPLICATION IS BEING RETURNED FOR THE FOLLOWING REASON(S):**

Failed to Submit Transportation Docket Cover Sheet along with the Application (See Attached Form)

~~XXX~~ **Be More Specific on Fares and Clarify Number of Passengers (Per Vehicle) (Page 3)**

Please Clarify Name of Company - If appropriate, need Articles of Incorporation or Limited Liability Company Documents from the Secretary of State's Office

Failed to enclose Description of Equipment

~~XXX~~ **Failed to Submit Completed Balance Sheet (Note: Vehicle is an Asset)**

~~XXX~~ **Need more detail on area to be served, i.e. what counties would you be operating in (Page 3)?**

Complete Safety Certification Form

~~XXX~~ **Failed to Submit Completed Insurance Quote**

~~XXX~~ **Failed to Submit Completed Exhibit FWA**

~~XXX~~ **Failed to Submit Completed Exhibit on Driver Qualifications**

SHOULD YOU HAVE ANY QUESTIONS, PLEASE CALL (803) 896-5125.

cc: Carole Chauvin, Office of Regulatory Staff (via e-mail)